A WORD FROM THE EXPERTS

Safer Sex Intervention

Interviews with Developers of Evidence-Based Programs for Teen Pregnancy Prevention





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Disclaimer

Inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not indicate HHS or OAH endorsement of a program model.



Safer Sex Intervention





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Program description

Program goals:

- Reduce sexual risk behaviors
- Prevent recurrent sexually transmitted infection (STI)

Target population:

 Young women age <24 diagnosed with an STI

Key components:

- Knowledge about STIs
- Perception, attitudes, & comfort with talking about sexual health, STIs, and prevention

- Intention to use condoms or abstain
- Skills to use condoms, negotiate safer sex, talk about STI and pregnancy prevention with partner

Delivery methods:

- 1:1 face-to-face by female health educator in a single
 30 to 50-minute session
- Boosters at 1, 3, 6 months
- DVD player or computer, penis model, pelvic model



Previous evaluation results

- Study #1
 - ✓ Randomized controlled trial of Safer Sex vs. standard care
 - ✓ Population: 123 young women age 13-23 with cervicitis or pelvic inflammatory disease. Patients of outpatient adolescent clinic or inpatient at urban children's hospital
 - ✓ Findings: Young women receiving Safer Sex
 - 1 month: Increased sexual risk knowledge, more positive attitudes toward condoms and tended to report using condoms more with a non-main partner



- 6 months: Less likely to have had sex with non-main partner
- 12 months: Tended be less likely to have current main partner and less likely to have recurrent STI



Target population

Evaluated populations

- Racially and ethnically diverse, ranging from 14% 89% white,
 9% 49% black, 10% 25% Hispanic
- Up to ~ 40% living in economic hardship
- Rural, suburban, and urban

Target populations

- Female
- English-speaking
- Health clinic patients



Settings

Evaluated settings

- Adolescent medical clinics
- Inpatient adolescent units



- Reproductive health clinics
- School-based health clinics

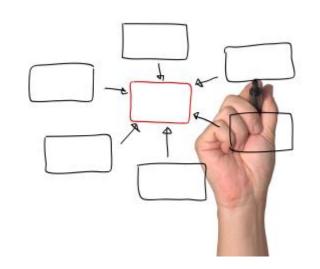




Potential adaptations

Potential adaptations

- Applying the intervention to sexually active girls without STI
- Conducting boosters via videoconferencing using video chat and instant messaging software
- Changing gifts given during intervention session



Note: TPP grantees must obtain prior approval from OAH for any adaptions.



Staffing and training considerations

Staffing considerations

- Trained female educator
- Have been health educators, nurses, public health students



- Train the Facilitator (2 days)
- Train the Trainer (3 days)

Consultation

See Safer Sex Intervention website



Challenges and strategies for success

Common challenges

- Identifying appropriate patients
- Creating smooth referral process
- Optimizing recruitment strategies
- Overcoming barriers to retention
- Monitoring fidelity

Strategies for success

- Cultivating relationships with clinic staff
- Making program enticing—creative media strategies, ads, and incentives
- Being flexible with scheduling
- Using social media and videoconferencing for reminders and boosters





Recent or planned revisions

Recent or planned curriculum revisions

- Developer has flexibility in the adaptations organizations may want to implement. See link to adaptation kit on Slide 12.
- No plans to release a revised curriculum



Additional resources

- HHS Teen Pregnancy Prevention Evidence Review
 - http://tppevidencereview.aspe.hhs.gov/
- Link to implementation report
 - http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&si d=195&mid=1
- Link to developer's website
 - http://www.childrenshospital.org/centers-andservices/programs/o-_-z/safer-sex-interventionprogram/overview
- Link to distributor
 - http://www.socio.com/srch/summary/pasha/full/passt27.htm
- Link to adaptation kit
 - http://recapp.etr.org/recapp/documents/programs/SSI_Adaptati
 on_Kit.pdf



Thank you!



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